



REQUIREMENTS FOR FILING A SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE CONTROLLED SUBSTANCE PRESCRIPTION FORMS

IMPORTANT: This application is for approval as a security printer. Beginning July 1, 2004, controlled substance prescription forms produced by approved security printers may be used by authorized prescribers to prescribe Schedule II controlled substances. As of January 1, 2005, controlled substance prescription forms produced by approved security printers are required for the prescription of Schedule II – V controlled substances. These changes are pursuant to [California Senate Bill 151 \(Burton 2003\)](#).

Security Printer applications must be reviewed and approved by the California State Board of Pharmacy and the California Department of Justice. You will be notified in writing of the approval or you may access the California State Board of Pharmacy Web site at www.pharmacy.ca.gov to determine if your application has been approved.

Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. If the number of forms provided is not sufficient, please make photocopies. You will be notified of any deficiencies in your application. Please allow approximately 45 days from the time your application packet is submitted before calling the Board of Pharmacy.

Instructions for Submitting the Application Package

Application packages and policies and procedures can be submitted by mail to the California State Board of Pharmacy to the attention of *Security Printer Approval* at 400 R Street, Suite 4070, Sacramento, CA 95814-6308 or via email to Security_Printer@dca.ca.gov with your business name as the subject of the email. Please follow-up emails by sending the signed originals through the mail.

Please refer to www.pharmacy.ca.gov for more information. If you are unable to find answers to your questions at that Web site, you can contact the California State Board of Pharmacy via email at Security_Printer@dca.ca.gov or by telephone at (916) 445-5014 extension 4019.

CHECKLIST FOR FILING A SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE CONTROLLED SUBSTANCE PRESCRIPTION FORMS

ALL APPLICANTS

- [] 1) Security Printer Application for Approval to Produce Controlled Substance Prescription Forms (form 17M-49)
- [] 2) Policies and procedures that meet or exceed requirements outlined in [Health and Safety Code sections 11161.5 et seq. and 11162.1 et seq.](#)
- [] 3) Copy of *Request for Live Scan Service* form (BCII 016) for the owner, all managing general partners, and all principle corporate officers, verifying that fingerprints have been scanned and all applicable fees have been paid.

OR

If the owner, managing general partner or principal corporate officer resides outside of California, you may still use Live Scan but must do so from a Live Scan site located in California. Otherwise, submit two completed fingerprint cards along with \$66. You may obtain fingerprint cards from the California State Board of Pharmacy Web site at: https://www.dca.ca.gov/pharmacy/secure/pharmacy_forms_request.htm or send a request via email to Security_Printer@dca.ca.gov.

Please refer to Fingerprint Requirements below and/or the Instructions for Completing a *Request for Live Scan Service* form on the last page of this application package.

FINGERPRINT REQUIREMENTS

California Residents

The owner, all general managing partners, and all principal corporate officers identified on the application must complete a Live Scan Request form and take all three copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a "Request for Live Scan Service" form on the last page of this application package. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the California Department of Justice (DOJ) website at: <http://ag.ca.gov/fingerprints/publications/contact.pdf>.

THE BOARD WILL NOT ACCEPT FINGERPRINT CARDS OR ROLLED FINGERPRINTS FROM CALIFORNIA RESIDENTS.

Fees are \$66 (includes \$32 California Department of Justice (DOJ) fee, \$10 FBI expedite fee, and \$24 FBI fingerprint processing fee). Additionally, the Live Scan site will charge a processing service fee (this fee can range from \$5 to \$45 depending on the site and whether or not you are a California resident.) Pay ALL fees at the Live Scan site. Results take approximately 10–15 days and are sent directly to the California State Board of Pharmacy.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your fingerprints have been scanned and all applicable fees have been paid. **Attach the second copy of the Live Scan Service form to your application package and submit to the California State Board of Pharmacy.**

Non-California Residents

If an owner, general managing partner, or principal corporate officer identified on the application resides outside of California, he/she may also use Live Scan but must do so at a Live Scan site in California. Otherwise, he/she must submit two sets of rolled fingerprints on fingerprint cards provided by the Board of Pharmacy and include a \$66 fee (\$32 California Department of Justice (DOJ) fee, \$10 DOJ expedite fee and \$24 FBI fingerprint processing fee). You can request fingerprint cards from the California Board of Pharmacy Web site at: https://www.dca.ca.gov/pharmacy/secure/pharmacy_forms_request.htm or by telephone at (916) 445-5014 extension 4019.

Please submit two completed fingerprint cards and \$66 with your application package to the California State Board of Pharmacy.

Fingerprints submitted on cards should be taken by a person professionally trained in the rolling of fingerprints. Fingerprint clearances from cards take approximately four to six weeks and the results are sent directly to the Board of Pharmacy (Live Scan is faster.) Poor quality prints may result in rejection. Rejection of the fingerprint cards will substantially delay approval of the security printer application. If fingerprint cards are rejected, you will be required to obtain new fingerprint cards from the board, have the fingerprints taken again, resubmit the fingerprint cards to the board along with another \$66 to process the fingerprints again and wait another four to six weeks.

THE BOARD WILL ACCEPT FINGERPRINT CARDS FROM RESIDENTS OUTSIDE OF CALIFORNIA ONLY. RESIDENTS OUTSIDE OF CALIFORNIA MAY ALSO USE LIVE SCAN; HOWEVER, THE OWNER, PARTNER OR PRINCIPAL CORPORATE OFFICER MUST GO TO A LIVE SCAN SITE IN CALIFORNIA. CALIFORNIA RESIDENTS MUST USE LIVE SCAN.



California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, California 95814
Phone (916) 445-5014 Fax (916) 327-6308
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE CONTROLLED SUBSTANCE PRESCRIPTION FORMS

Please print or type

All blanks must be completed; if not applicable, please indicate N/A

Business Name			Telephone Number	
Physical Street Address				
City	State/Province	Country	Zip/Postal Code	
Web Site Address: (optional)				
Please indicate the type of business ownership: (Please complete the corresponding section on the reverse side) <input type="checkbox"/> Individual Owner/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate Ownership				
Please provide the name, title, and location of the applicant's agent for service of process in the state of California.				
Name			Title	
Location				

OPTIONAL: Please provide the name, location, telephone number and email of the person to contact for clarification of information provided in this application package:

Name		Title
Address/City/State/Zip		
Email Address		

Continue on the reverse side

For Office Use Only		
<input type="checkbox"/> Livescan Forms <input type="checkbox"/> Fingerprint Cards <input type="checkbox"/> Fingerprint Results <input type="checkbox"/> Policies and Procedures	Board of Pharmacy: <input type="checkbox"/> Approved _____ (date) <input type="checkbox"/> Denied _____ (date) <input type="checkbox"/> To DOJ _____ (date) <input type="checkbox"/> From DOJ _____ (date)	Department of Justice: <input type="checkbox"/> Approved _____ (date) <input type="checkbox"/> Denied _____ (date) <input type="checkbox"/> From BOP _____ (date) <input type="checkbox"/> To BOP _____ (date)

PLEASE READ CAREFULLY

Please submit your application package to the California State Board of Pharmacy. **Do not** send a duplicate copy to the California Department of Justice. The Board will forward the application package to California Department of Justice after its review and you will be notified in writing once both agencies have approved your application. If your application is denied you will be notified by the agency denying your application and provided with instructions for appeal.

Any material misrepresentation in the answer of any question on the documents required by this application or in the written policies and procedures submitted is grounds for denial or subsequent revocation of security printer approval. Failure to provide any of the requested information will delay the approval process and may result in the application being rejected as incomplete.

Disclosure Information

The officer responsible for information maintenance is the Executive Officer, (916) 445-5014, California State Board of Pharmacy, 400 R Street, Suite 4070, Sacramento, CA 95814-6237. The information will be transferred to the California Department of Justice for its review and approval. The information may also be transferred to other governmental agencies, such as a law enforcement agency, if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the California State Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.40 of the California Civil Code.

The business name, address, and telephone number of all applicant security printers **approved** to produce secure controlled substance prescription forms will be posted on the California State Board of Pharmacy's website at www.pharmacy.ca.gov. Each individual has the right to review the files or records maintained on him/her by the California State Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.3 of the California Civil Code.

Alternate Location:

Upon approval of this application, the California State Board of Pharmacy will post the applicant's business name, address, and telephone number on its Web site at www.pharmacy.ca.gov. If the applicant would like to maintain the confidentiality of its location disclosed on page one of this application, please designate an alternate mailing address below that will be posted on the California State Board of Pharmacy's Web site.

Alternate Name		Alternate Telephone Number	
Alternate Address		2 nd Alternate Telephone Number	
Alternate City	Alternate State/Province	Alternate Country	Alternate Zip/Postal Code
Web Site Address (Optional)			

Continued on next page

Ownership Information: Owner, All Partners, or All Principal Corporate Officers
The owner, all general managing partners (if a partnership), or all principal corporate officers (if a corporation) must complete and sign this form. **Five copies of this form are provided; however, please make additional copies if necessary.**

Name of Owner, Partner, or Corporate Officer		Title	
Location (address of record) If using P.O. Box please provide physical address below		1 Federal Employer ID No. (FEIN) (if applicable)	
Physical Address		1 Social Security Number	
City		Telephone ()	
State/Province	Country	Zip/Postal Code	
<p>Owner, Managing General Partner, Principal Corporate Officer Statement:</p> <p>Have you ever been convicted ² of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or of any local ordinance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please provide a detailed explanation on a separate page and attach it to this page.</i></p>			

Warning: Knowingly making a false statement of fact required to be revealed in this application or in any supplementary statements may constitute grounds for denial of your application or revocation of approval as a security printer.

Signature: (in full, no initials) _____

Date: _____

Printed Name _____

1 Disclosure of your social security number (or federal employer identification number ["FEIN"], if you are a partnership) is mandatory. Section 30 of the California Business and Professions Code and California Public Law 94-455 (42 USCA 405[c][2][C]) authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the California Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN, your application for approval will not be processed AND you will be reported to the California Franchise Tax Board, which may assess a \$100 penalty against you.

2 A conviction within the meaning of this paragraph means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the California Penal Code. You must include all felony and misdemeanor convictions, regardless of the age of conviction. Please include the type of violation, date, circumstances, and location of your offense, the penalty received, and if probation involved, whether it has been successfully completed. Traffic violations of \$1000 or less need not be reported.

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Owner, Managing General Partner, Principal Corporate Officer Statement:

Have you ever been convicted ² of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or of any local ordinance? Yes ☐
No ☐

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INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM

California Residents Only

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter "Rx Security Printer".
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number

Take all three copies of the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. Hours of operation, acceptable methods of payment, identification requirements, and fingerprint scanning processing fees vary and periodically change; therefore, you are encouraged to contact the site in advance to confirm the information. A Live Scan site list is available on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.pdf> or call your local police or sheriff's department.

Contact the Live Scan site for hours of operation, an appointment (if necessary), acceptable forms of payment, and identification requirements. Be prepared to pay **ALL applicable fees** (the DOJ processing fee of \$32, the FBI processing fee of \$24, FBI expedite fee of \$10, and a fingerprint scanning service fee charged by the Live Scan site at the time your prints are taken.) The Live Scan fingerprint scanning service fee varies from about \$5 to \$45 depending on the site and whether or not you are a California resident. The Live Scan site determines the cost to electronically submit your fingerprints and the site can charge a fee sufficient to recover its costs.

The Livescan operator completes the lower portion of the Request for Live Scan Service form and retains the first copy. Attach the second copy to your application and submit the complete application package to the Board of Pharmacy. Keep the third copy for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions. See also [Health and Safety Code sections 11161.5 \(b\), \(5\), \(B\).](#)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

()

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.		Mail Code (five digit code assigned by DOJ)
Street or PO Box		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency	ATI No.	Amount Collected/Billed
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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
_____	_____	_____
City	State	Zip Code
_____		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

()

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed